My Heart Care Action Plan

ly name:			Date:		
ly address:					
lame of my doctor or clinic:					
hone number of my doctor or clinic:					
Vho to contact for me in case of an emergency (fan	nily member or	friend to	call):		
Name)	(Phone number)				
our Healthcare Plus phone number: 1-800-973-6	6792				
should talk to my doctor or clinic TODAY if:					
. It is harder for me to breathe than usual.				Le Control of the Con	
. I have more swelling than usual in my hands, fee	t or ankles.				
3. I gain pounds or more in one week.					
			J		
should get help RIGHT AWAY if:					
. I have chest pains.					
. My heart feels like it is beating fast for 5 minutes	or more.				
. One side of my body starts tingling or feels weak				1 / 1 11 11	
. I have a very hard time breathing.					
should ask my doctor these questions:					
Should I take an Ace-inhibitor to protect my hear	t? 🔲 Yes		No		
Should I take a beta-blocker to protect my heart?			No		
Should I get a flu shot every year in the fall?	☐ Yes		No		
Should I get my cholesterol checked every year?	Yes		No		
. What should my blood pressure be?		1			



Extra help for better health



Heart Care Action Plan

(continued from other side)

	1	,	
I should do these thing	s to help me stay hea	llthy:	
1. I should weigh myself	f every morning after I	go to the bathroom and before I	eat.
2. I should write down w	vhat I weigh every day.		
3. I should tell my docto	r about any problems I	have with my medicines.	
4. I should keep taking r	my medicine until my d	octor tells me to stop.	
5. I should not smoke.			
6. I should get checkups	s when my doctor tells	me to.	
	d pressure checked at e		
8. I should eat healthy a	•	`	
My medicines:			
	How much	How often I should	This medicine
Name of my medicine	I should take	take this medicine	is for:
Other things I should de	0:		
Outer unings i snould de	U.		

